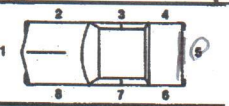
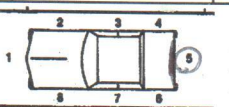


## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-8676		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.												
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input checked="" type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED														
IN COUNTY OF WARREN					IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH: 05   22   14		DAY Thursday		TIME: MILITARY 2104											
CRASH OCCURRED ON Speedway, 726 E. Main St. Lebanon, Ohio					WITHIN THE INTERSECTION OF					CITY CODE 8321														
IF NOT IN INTERSECTION					(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)																			
LOG-1		LOG-2		LOC JUR FH9 FILT																				
A	UNIT NO. 1	NO OF OCCUPANTS	1		OPERATING	<input checked="" type="checkbox"/>	PARKED	<input type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>	HIT & RUN NON CONTACT	<input type="checkbox"/>	INSURANCE CO OR AGENT None											
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Koehler, James R.					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 221 N. 1st St. Apt. A Miamisburg, Ohio 45342																			
PHONE NO. 937-558-6997		BIRTH DATE	4   7   70		AGE	44		SEX	M		SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. RP166583	OCCUPATION Roofer										
OWNER (IF SAME AS DRIVER, WRITE SAME) Cox, Timothy L.					ADDRESS 245 Wood Forge Rd. Lebanon, Ohio 45036					PHONE														
VEH YR	05		MAKE	Dodge		MODEL	Durango		COLOR	Red		STYLE	SUV		STATE OH	LICENSE PLATE NO. PID8213	TOWING SERVICE N/A	VEH/PED DIR FROM TO						
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE												
8	UNIT NO. 2	NO OF OCCUPANTS	4		OPERATING	<input type="checkbox"/>	PARKED	<input checked="" type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>	HIT & RUN NON CONTACT	<input type="checkbox"/>	INSURANCE CO OR AGENT Progressive											
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Curtis, Wanda K.					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 358 Fife Rd. Wilmington, Ohio 45177					PHONE														
PHONE NO.		BIRTH DATE	m   D   y		AGE			SEX			SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION										
OWNER (IF SAME AS DRIVER, WRITE SAME) Curtis, Wanda K.					ADDRESS 358 Fife Rd. Wilmington, Ohio 45177					PHONE														
VEH YR	02		MAKE	Chrysler		MODEL	Sebring		COLOR	Gold		STYLE	2dr		STATE OH	LICENSE PLATE NO. ESG-7256	TOWING SERVICE	VEH/PED DIR FROM TO						
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE												
C	FROM UNIT NO. W	NAME (LAST, FIRST, MI) Brummett, Andy		BIRTH DATE		m   D   y		AGE			SEX	POSITION		INJURIES										
ADDRESS		140 Fern Valley Way So. Lebanon		PHONE		910-750-2205						A 1 B C D E F		A 5 B C D E F										
D	FROM UNIT NO. W	NAME (LAST, FIRST, MI) Johnson, James		BIRTH DATE		m   D   y		AGE			SEX	POSITION		INJURIES										
ADDRESS		3802 Dry Run Rd. So. Lebanon		PHONE		513-494-1001						A 1 B C D E F		A 5 B C D E F										
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		m   D   y		AGE			SEX	POSITION		INJURIES										
ADDRESS				PHONE								A 1 B C D E F		A 5 B C D E F										
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		m   D   y		AGE			SEX	POSITION		INJURIES										
ADDRESS				PHONE								A 1 B C D E F		A 5 B C D E F										
A	B	C	INJURED TAKEN TO		By								A 8 B C D E F		ALCOHOL									
D	E	F	INJURED TAKEN TO		By								A 8 B C D E F		A 8 B C D E F									
A	B	C	INJURED TAKEN TO		By								A 8 B C D E F		A 8 B C D E F									
D	E	F	INJURED TAKEN TO		By								A 8 B C D E F		A 8 B C D E F									
OFFENSE CHARGED AND DESCRIPTION															1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED									
OFFENSE CHARGED AND DESCRIPTION															1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE									
RECEIVED CALL 2104															DISPATCHED 2104		ARRIVED 2104		CLEARED 2144		OTHER TIME 20		TOTAL MINUTES 00OffOff	
DATE REPORT FILED 5   22   14															PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME M. Allen		BADGE NO. 105		CHECKED BY			
STATE Ptl-012 2/13/03																								

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION